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Form (RF-3)

JAN 0 1 2011

SUMMARY SHEET STATE OF ILLINOIS
DEPARTMENT OF INSURANCE

Edith Goodgame,

V-P Underwriting Services

Official - Title

(	STATE OF II DEPARTMENT OF Change in Company's preprinciple.	SPRINGFIELD re 01/01/2011	
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9. 10.	Fire Extended Coverage		
10.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	58,351	0.4%
Does f	Line of Insurance filing only apply to certain territory (ter	ritories) or certain classes? If so, speci-	fy:
	description of filing. (If filing follows a sting NCCI January 1,2011 advisory ra	rates of an advisory organization, speci- tes and rating values.	fy organization):
** Cl	djusted to reflect all prior rate changes. hange in Company's premium level wh sult from application of new rates.		
			ska National Insurance
			Name of Company

Form (RF-3)

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#### SUMMARY SHEET



JUL 0 1 2011

Change in Company's premiur revision effective 7/1/11	·	DEPARTMENT OF ILLINOIS
(1)	(2)	(3) TELD, ILLINO
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire		
10. Extended Coverage	<u>.</u>	
11. Inland Marine		
13. Commercial Multi-Peril 14. Crop Hail		
15. Other Workers Compensation	13,040,523	4.3%
Line of Insurance		
Ooes filing only apply to certain of so, specify: NO.  Brief description of filing. (If organization, specify organization	filing follows rates of an n): Companion Property an Company wishes to ado cost and change our 1	n advisory d Casualty Insurance pt NCCI's 1/1/11 loss oss cost multiplier We are requesting an
* Adjusted to reflect all prior r  ** Change in Company's premium lev result from application of new  Comp	vel which will	ч
	Official - Tit	
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#### SUMMARY SHEET



Change in Company's premium or rate level produced by rate July 1, 2011 revision effective

IIII 0-1 2011

			30L V I 2011
	(1)	(2) Annual Premium Volume (Illinois) *	STATE OF ILLINOIS DEPARTMENT OF INSURANCE Charge McOule 1
	<u>Coverage</u>	volume (illinois)	Charge McPield, ILLINOIS
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
10.	Extended Coverage		
10. 11.	Inland Marine		
12.	Homeowners Commercial Multi-Peril		
13.			
14.	Crop Hail	44.254.400	- 0.8%
15.	Other Workers' Compensation Line of Insurance	11,351,190	- 0.878
Doe No	s filing only apply to certain territory (ter	ritories) or certain classes? If s	o, specify:
W	f description of filing. (If filing follows rade e are revising some and adding new de nange in our premium level.		
 * A ** C	Adjusted to reflect all prior rate chang	ges. ch	
W	rill result from application of new rates.		adamated Mintuel Inc. Co.
			ederated Mutual Ins. Co.
			ne of Company

Greg Bangs ACAS, MAAA – Assoc. Actuary Official - Title

#### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective July 1, 2011 .

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Burglary and Theft Glass Fidelity Surety  Desiler and Machinery  Surety		
6.	Fidelity 2011		
7.	Surety Boiler and Machinery Fire Extended Coverage PARTING FIELD, III Inland Marine Homeowners	OLEANCE	
8.	Boiler and Machinery OF OF IN	LINOIS	
9.	Fire STATENTED.		
10.	Extended Coverage PARAING		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation		- 0.1%
	Line of Insurance		
_N — Brid	es filing only apply to certain territory ( lo  ef description of filing. (If filing follows)  Ve are revising some and adding new thange in our premium level.	rates of an advisory organization	, specify organization):
** (	Adjusted to reflect all prior rate change in Company's premium level will result from application of new rate	which s.	
,	199 <del>0</del> 1990 1990	F	ederated Service Ins. Co.
			ne of Company AS, MAAA – Assoc. Actuary

Official - Title

#### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7-1-2011

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial	MARA_A-1117	
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	3,966,676	-3.5%
Line of Insurance		
Does filing only apply to certain If so, specify: 9740-Terrorism	territory (territories)or	certain classes?
Brief description of filing. (If organization		

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

FILED JUL 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Sentry Casualty Company Name of Company

William O'Riff

- Vice President General Counsel & Corporate Secretary

Title

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ILLINOIS

DEC -8 2010

### ILLINOIS SUMMARY SHEET FORM RF-3

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Ch	ange in company's premium or rate level p	produced by rate revision effective	07/01/2010	_
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**	_
1.	Automobile Liability Private Passenger Commercial			- - o <b></b>
2.	Automobile Physical Damage Private Passenger Commercial			JAN 0 1 2011  JAN 0 1 2011  STATE OF ILLINO  STATE OF ILL
3.	Liability Other than Auto			
4.	Burglary and Theft			
5.	Glass			O11
6.	Fidelity			ON ONE
7.	Surety	-		- NCE
8.	Boiler and Machinery			· _
9.	Fire			_
10.	Extended Coverage			<u> </u>
11.	Inland Marine			_
12.	Homeowners			_
13.	Commercial Multi-Peril			_
14.	Crop Hail			<u>_</u>
15.	Workers' Compensation	13,000,229	4.0%	_
16.	Other	-		_
Do	Line of Insurance es filing only apply to certain territory (terri	itories) or certain classes? If so, specify	No	
We		s of an advisory organization, specify organ Cl January 1, 2011 rates, revise our se B-1412		r class and adopt
*	Adjusted to reflect all prior rate changes. Change in company's premium level whi	ich will result from application of new rates		
			Zenith Insurance (	

Jason Clarke, Senior Vice President & Actuary
Official - Title